

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

James Worthem

COURT CASE NUMBER

07C6687

DEFENDANT

Hic Kerson

TYPE OF PROCESS

S/C

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Ms. Carasquillo, Doctor, Cook County Jail

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

CCJ, C/O Legal Dept., 2700 S. California Ave., 2nd. Flr., Div. 5, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

James Worthem # 2007-0071905
COOK COUNTY JAIL
P.O. BOX 089002
Chicago IL 60608Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

6

Check for service
on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED

Fold

MAR 3 2008 PH

Mar 3, 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

02-11-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1 of 6

District
of Origin

No. 24

District
to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

TD

Date

02-11-08

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Jen Kiriakas

~~Officer Ronna Fernandez~~ Director CQI/RM

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

Time

2-22-08

10:00

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

48.00

Total Mileage Charges
(including endeavors)

5.82

Forwarding Fee

0

Total Charges

53.82

Advance Deposits

0

Amount owed to U.S. Marshal or

53.82

Amount of Refund

0

REMARKS:

1-0 USM

1-Hour

12-Miles